



**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration
Submitted
with Initial
Filing
OR
☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	30862.CIP
First Named Inventor	Roger Morris
COMPLETE IF KNOWN	
Application Number	10/799,312
Filing Date	3/12/2004
Group Art Unit	1771
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FOOD BORNE PATHOGEN SENSOR AND METHOD

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 3/12/2004 as United States Application Number or PCT International Application
Number 10/799,312 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet TPO/SB/02B attached hereto.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
10/659,222	9/10/2003	Pending

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 39313

OR

☐ Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number or Bar Code Label <u>39313</u>	OR <input type="checkbox"/> Correspondence address below
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Name	Carl M. Napolitano
Address	Allen, Dyer, Doppelt, Milbrath & Gilchrist, P.A.
Address	255 South Orange Avenue, Suite 1401 P.O. Box 3791
City/State/Zip	Orlando, Florida 32802-3791

Country	US	Telephone	(407) 841-2330	Fax	(407) 841-2343
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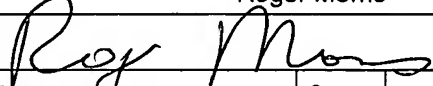
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle — [if any])

Family Name or Surname

Roger Morris

Inventor's Signature			Date	7/23/04	
Residence	Sebastian, FL	Country		Citizenship	US
Post Office Address	591 Cottonwood Road				
City/State/Zip	Sebastian, FL 32958			Country	US

☐ Additional inventors are being named on the _____ supplemental additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — (if any))		Family Name or Surname	
Galo Acosta			
Inventor's Signature	<i>Galo L. Acosta</i>	Date	<i>7/22/04</i>
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City/State/Zip	Sebastian, FL 32958 <i>MELBOURNE, FL 32903</i>		

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — (if any))		Family Name or Surname	
		Jerry Hill	
Inventor's Signature	<i>Jerry Hill</i>	Date	7-22-2004
Residence	Cocoa, FL	Country	US
Post Office Address	4115 Indian River Dr.		
City/State/Zip	Cocoa, FL 32927	Country	US

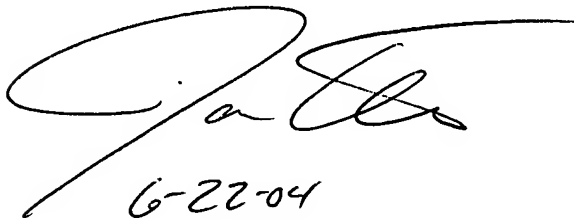
DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — (if any))	Family Name or Surname
Alan R. Tank	
Inventor's Signature	Date 6/22/04
Residence	Citizenship
Bethesda, MD	US
Post Office Address	
5324 Portsmouth Road	
City/State/Zip	Country
Bethesda, MD 20816	US

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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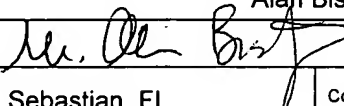
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — (if any))		Family Name or Surname	
Kyle Newman			
Inventor's Signature			Date 6/22/04
Residence	Lexington, KY	Country	Citizenship US
Post Office Address	2301 Maggard Drive, #105		
City/State/Zip	Lexington, KY 40511	Country	US


6-22-04



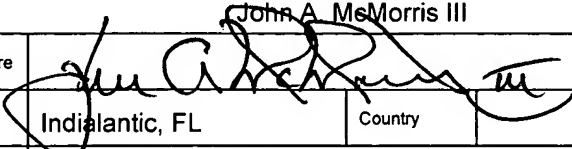
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — (if any))		Family Name or Surname	
Alan Bishop			
Inventor's Signature		Date	July 22 2004
Residence	Sebastian, FL	Country	
		Citizenship	US
Post Office Address	80th Ave.		
City/State/Zip	Sebastian, FL 32958	Country	

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any: 		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — (if any))		Family Name or Surname	
John A. McMorris III			
Inventor's Signature		Date	7/26/04
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City/State/Zip	Indialantic, FL 32903	Country	US